## EXHIBIT C

Case 06-10/25-gwz Doc 8613-	3 EN	reted 07/13/11	13.53.04 P	age 2 of 11
	PRO	OF OF CLAI	М	
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	BK-	S-06-10725 LBI	₹	
NOTE. See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else he filed a proof of claim relation your claim. Attach copy	ing	
Name of Creditor and Address  1132124100235  GLORIA W HANDELMAN AND JIM HANDELMAN 2324 CASERTA CT HENDERSON NV 89074-5316	1	statement giving particula  Check box if you have never received any notice from the bankruptcy court BMC Group in this case	e B DO NOT FILE THE SECURED INTER	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
		Check box if this add differs from the address o envelope sent to you by the court.	n the lif you have alr he Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (702) 456-9454		overs.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor		replaces or a previously amends	filed claim dated.
1 BASIS FOR CLAIM	Retiree I	penefits as defined in 11	USC § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Wages,	salaries and compensated	•	Other claims against services (not for loan balances)
Money loaned Other (describe briefly)		compensation for service	es performed from	to
2. DATE DEBT WAS INCURRED January 26, 2006	13 IE C	OURT JUDGMENT, DA	TE OPTAINED	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that				he time case filed
See reverse side for important explanations.		SECURED CLAIN		
UNSECURED NONPRIORITY CLAIM \$			-	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it, or if c) none or only part of you		a nght of seto		on by common fundaming
entitled to priority		Bnef descripts	on of collateral	
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim, all or part of which is		Real Estat	e Motor Vehicle	Other
entitled to priority		Value of Colla	teral \$	\$909,090 91 <u> </u>
Amount entitled to priority \$		Amount of arreara	ge and other charges	at time case filed included in
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)				
Wages salanes or commissions (up to \$10 000)*, earned within 180 days	<b>.</b>	Up to \$2,225" of deposits services for personal fail		
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)	F	Taxes or penalties owed		
Contributions to an employee benefit plan - 11 U.S C § 507(a)(5).	<u></u>	Other - Specify applicable  * Amounts am subject to		; § 507(a) () nd every 3 years thereafter
		with respect to cases co	mmenced on or after the	date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED-		812 49 \$		\$ \$507 812 49
(unsecured)  [X] Check this box if claim includes interest or other charges in addition to the	•	secured) amount of the claim Atta	( priority) ch demozed statement d	(Total) of all interest or additional chamies
6. CREDITS The amount of all payments on this claim has been creed. 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts contracts court judgments, mortgages, security and procedures.	<i>iments,</i> su agreement	ich as promissory notes s, and evidence of perfe	, purchase orders, invection of lien DO NO	roices itemized statements of
DOCUMENTS If the documents are not available, explain. If the case is a second of the proof of claim.		•	•	l envelope and copy of this
The original of this completed proof of claim form must be sen	t by mail o	or hand delivered (FAX	ES NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5.00 pm for each person or entity (including individuals, partnerships, or	, prevailm	ig Pacific time, on Nov	ember 13, 2006	USE ONLY
governmental units). BY MAIL TO- BMC Group	BY HAND	OR OVERNIGHT DELIVER	ty TO·	
Attn USACM Claims Docketing Center		up \CM Claims Docketing C		
P O Box 911 El Segundo, CA 90245-0911	1330 Eas	t Franklin Avenue do, CA 90245		D NOV 1 4 2006
DATE SIGN and print the name and title if any of the	e creditor o	r other person authorized to		IN MOAT # 5000
this claum (attach copy of power of attorn	ney (fany)			

Penalty for presenting fraudulent plays is a fine of up to \$500 000 or impresonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571



FORM B10 (Official Form 10) (10/05)

TOTAL DIO (OIII)	mart out to, (toros)					
	BANKRUPICY COURT	Dr	TRICT (	OF Nevad	a	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR						
	should not be used to make a claim for an admini ucst for payment of an administrative expense ma					
	The person or other entity to whom the dr. property) de Hess an unmarried man	else you	has filed r claim ng partici	a proof of c Attach copy ulars	are that anyone laim relating to of statement	
Namu and address Donald L. Hess 1818 Madero D		not	ces from	the bankrup	ever received any	
The Villages, Fi	562-234-6121	add the	ress on the	e envelope s	differs from the sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of a identifies debtor	account or other number by which creditor	1	ck here is claim	replaces amends	a previously f	iled claim dated
✓ Money	sold s performed loaned il injury/wrongful death		U N	ages salarions s	es and compen its of your SS #	rvices performed
Other -	See Exhibit A	3.			t, date obtaine	
	January 26,2006  of Claim Check the appropriate box or boxes the					
Unsecured Nonp Check this beby your claim exceonly part of your cursecured Priori			a righ	t of setoff) Brief Descri	oox if your claim uption of Collate uate Moto	r Vehicle Other
entitled to priority	ox if you have an unsecured claim all or part of v	vnich is	Amou	int of arreara		arges at time case filed included in
Specify the priority of		П	Up to \$2	2 225* of de	posits toward p	urchase, lease or rental of property
Domestic supp	ort obligations under 11 USC \$ 507(a)(1)(A) o	r	or service § 507(a	ces for perso )(7)	onal family or h	household use - 11 U S C
Wages salaries days before filing of business whicheve	s, or commissions (up to \$10,000),* earned within the bankruptcy petition or cessation of the debter is earlier - 11 U S C § 507(a)(4)	ors ∐ *A≀	Other -	Specify applied to	licable paragrap	thental units 11 USC § 507(a)(8)  The of 11 USC § 507(a)()  The of 11 USC § 507(a)()  The office the date of adjustment.
	to an employee benefit plan - 11 USC \$ 507(ant of Claim at Time Case Filed		50,73	· 	0,736 30	50,736 30
I	of claim includes interest or other charges in ad-	-	(unsecu	red)	(secured)	(priority) (Total)
6 Credits The	e amount of all payments on this claim has been	credited a	nd dedu	cted for the	purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting D orders invoices agreements, and	ocuments Attach copies of supporting documents attempts of running accounts, control evidence of perfection of lien DO NOT SEN not available explain If the documents are volusticopy. To receive an acknowledgment of the fiope and copy of this proof of claim.	acts court	judgmen NAL DO	ts, mortgage CUMENTS	es, security  If the	ED JA!! 11 2007
Date	Sign and print the name and title, if any of file this claim fattach copy of power of atto	he credito	r or other			
1/10/2007	Andred Here			onald L +	less	USA CMC

District of	FORM B10 (Official Form 10) (10/05)	REC'D JUL	2 6 2006
NOTE: This form should not be used to make a claim for the administrative expense arroing after the commencement of the case. A requisit for payment of an indiministrative expense arroing after the commencement of the case. A requisit for payment of an indiministrative expense arroing after the commencement of the case. A requisit for payment of an indiministrative expense arroing after the commencement of the case and the case are all the payments of the claim of the case are aware that there is the case are all the payments of the claim of the claim of the case are aware that there is the claim of the claim	UNITED STATES BANKRUPICY COURT		
Name of Creditor (The person or other entity to whom the chotor ower sonny or property)  John Al. Hog Lund. Jean  Name and address where notices chould be sent  Name, and address on the sent sent of you be sent  Name, and address on the sent sent of you be sent  Name, and address on the sent sent of the claim  Name, you have a sent sent of the claim  Name, you have a sent sent of the claim and the time cure  Name, you have a sent sent of the claim  Name, you claim is centified to priority  Name, and you claim is centified to priority  Name, and you cla	Name of Dichtor USA Commontial Mortgage Company	Case Number 06-107825	
Secured Priority Claim   Check this box if you have an unsecured claim all or part of which is sentified to priority	NOTE This form should not be used to make a claim for an administ of the cise. A request for payment of an administrative expense ma	y be filed pursuant to 11 USC \$ 503	3 18 PM '06
Last lour dayts of account or other number by which creditor identified debtor 288/7	Name and address where notices should be sent 7574 Er Green Lake Vrive N. Seattle, Washanton 98103	else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received an notices from the bankruptcy court in this case.  Check box if the address differs from the address on the envelope sent to you by	CLERK ATRICIA GRAY
Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Cher Charm Check the sporoprate coplanations Unsecured Nonprority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Money loaned Check this box if you have an unsecured claim all or part of which is entitled to priority  Money to go the bankrupicy petition or cessation of the debtor a business whichever is earlier 11 U.S.C. § 507(a)(1)(A) or (3)(1)(B) Check this box if you have an unsecured claim all or part of which is entitled to priority  Money to go the bankrupicy petition or cessation of the debtor a business whichever is earlier 11 U.S.C. § 507(a)(1)(A) or (3)(1)(B) Check this box if you have an unsecured reared within 180 (asys before filing of the bankrupicy petition or cessation of the debtor a business whichever is earlier 11 U.S.C. § 507(a)(5)(5)  Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in addition to the principal mount of the claim Attach copies of augmentating accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien. Do NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents such as promisory notes, purchase lease or retail of principal marking the principal mount of the claim Attach the timezed statement of all marking this proof of claim.  Supporting Documents Attach copies of supporting documents such as promisory notes, purchase orders invoices itemized statement of limit for the country agreements and evidence of perfection of lien. Do NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are ontavailable explain. If the documents are ontavailab	Last four digits of account or other number by which creditor	Check here ☐ replaces	iled claim dated
2 Date debt was incurred	☐ Goods sold ☐ Services performed  Money loaned ☐ Personal injury/wrongful death ☐ Taxes	☐ Wages salaries and compen Last four digits of your SS # Unpaid compensation for se from	sation (fill out below)  rvices performed  to
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case. See reverse side for important explanations Unsecured Nonpriority Claims  Check this box if a) there is no collateral or hen securing your claim, or only part of your claim exceeds the value of the property securing it or if c) none or only part of your claim is neithed to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of which is entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U S C \$507(a)(1)(A) or (7)(1)(B)  Wages salaries, or commissions (up to \$10 000) " carried within 180 days before filing of the bankruptcy bettion or cessation of the debtor's business whichever is earlier 11 U S C \$507(a)(4)  Contributions to an employee benefit plan - 11 U S C \$507(a)(5)  Total Amount of Claim at Time Case Filed  Check this box if your claim is secured by collateral (includ a right of setoff)  Bigef Description of Collateral  Amount of arrearage and tye-righted includes secured claim if any \$21050-96  With the priority of the claim of review in the claim of setoff)  Domestic support obligations under 11 U S C \$507(a)(1)(A) or (7)(1)(B)  Wages salaries, or commissions (up to \$10 000) " carried within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C \$507(a)(4)  With respect to adjustment of all units - 11 U S C \$507(a)(5)  Taxes or penalties owed to governmental units - 11 U S C \$507(a)(5)  Taxes or penalties owed to governmental units - 11 U S C \$507(a)(7)  Taxes or penalties owed to governmental units - 11 U S C \$507(a)(7)  Taxes or penalties owed to governmental units - 11 U S C \$507(a)(7)  Taxes or penalties owed to governmental units - 11 U S C \$507(a)(7)  Taxes or penalties owed to governmental units - 11 U S C \$507(a)(7)  Taxes or penalties owed to governmental units - 11 U S C \$507(a)(7)  Taxes or penalties owed	2 Date debt was incurred 1/25/2004 1/26	3 If court judgment, date obtained	ed
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary.  8 Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  USA CMC  USA CMC	See reverse side for important explanations  Unsecured Nonpriority Claim \$	Secured Claim  T claim, or none or  Check this box if your claim a right of setoff)  Brief Description of Collate Real Estate	ral  r Vehicle  Other  6, 827, 272 (est)  parges at time case filed included in the consended use - 11 U S C  consended use - 12 U S C  consended use - 13 U S C  consended use - 14 U S C  consended use - 14 U S C  consended use - 15 U S C  consended use - 16 U S C  consended use - 17 U S C  consended use - 17 U S C  consended use - 18 U S C  consended us
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary.  8 Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  USA CMC  USA CMC	5 Total Amount of Claim at Time Case Filed		
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7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary  8 Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  USA CMC  USA CMC	The amount of an payments on this claim has been	credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
Rally John A. Hogland USA CMC	7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien. DO NOT SEN documents are not available explain. If the documents are volu.  8 Date-Stamped Copy. To receive an acknowledgment of the final addressed envelope and copy of this proof of claim.  Date	acts court judgments, mortgages security ID ORIGINAL DOCUMENTS If the minous attach a summary ling of your claim, enclose a stamped self- the creditor or other person authorized to	
, , y or respect to the state of the state o	Pally John A	. Hogland	

West.	Case	06-10725-6	W/7 Doc 9612	3 Ent	ered 07/13/11 13:5	3:04 Pac	ne 5 of 11	
				PRO	OOF OF CLAIM			
Name of Debtor Case			Case Nu	ımber				
	USA Commercial N	Mortgage Com	pany	06-107	725-LBR			
Th	OTE See Reverse for Lisins form should not be used sing after the commencen ministrative expense may	d to make a claim ment of the case	for an administrative exp A "request" for payment	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating	IE YOU ARE ON	ILY OWED MONEY BY	/ A BODDOWED
	ame of Creditor and		011050 9503		to your claim Attach copy of	WHOSE LOAN	S BEING SERVICED E	BY THE
	HUMPHREY 18665 MEAL		1132124203605	4	statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	DO NOT FILE TO SECURED INTE ONE OF THE DI	DO NOT HAVE TO FI S INCLUDES MONEY ELD IN THE COLLECT HIS PROOF OF CLAIM REST IN A BORROWE EBTORS Tready filed a proof of cl t or BMC you do not no	FROM THAT ION ACCOUNT I FOR A ER THAT IS NOT
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1	BASIS FOR CLAIM			Retires h	enefits as defined in 11 U S		Пистина	
	Goods sold Services performed Money loaned	Personal inju Taxes Other (descr	ury/wrongful death	Wages s Last four	calaries, and compensation ( digits of your SS #  compensation for services pe	fill out below)	Unremitted pr Other claims a (not for loan b	against servicei
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4	DATE DEBT WAS INCUR CLASSIFICATION OF CL See reverse side for important	AIM Check the ar	−2 0 0 6 opropriate box or boxes that	3 IF Co	DURT JUDGMENT, DATE Of the your claim and state the amount of the state the	BTAINED unt of the claim at	the time case filed	
	SECURED NONPRIORI	•			SECURED CLAIM			
	Check this box if a) there is exceeds the value of the prentitled to priority	s no collateral or lien	securing your claim or b) if c) none or only part of you	your claim our claim is	Check this box if you a right of setoff)		red by collateral (inc	luding
UN	SECURED PRIORITY CL			*11.,	Brief description of		П	
Ш	Check this box if you have entitled to priority	an unsecured claim	all or part of which is		Real Estate Value of Collateral			
	Amount entitled to priority	\$			Amount of arrearage ar		o o o o o o o	
	Specify the priority of the cl				secured claim, if any	S	<u> </u>	loidddd ir
	Domestic support obligation Wages salaries or commis				Up to \$2 225* of deposits towa services for personal family o	rd purchase lease	e or rental of property of	)r
╙	before filing of the bankrup business whichever is earl	tcv petition or cessati	on of the debtor's		Taxes or penalties owed to go	vernmental units -	11 U S C § 507(a)(8)	
	Contributions to an employe	ee benefit plan 11 L		U	Other - Specify applicable para * Amounts are subject to adjus with respect to cases commen	tment on 4/1/07 a	nd every 3 years therea	ıfter
	TOTAL AMOUNT OF CLA AT TIME CASE FILED	NM \$	\$	100	000.00\$		* * *	00.00
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					mount of the claim Attach iter			nal charges
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8 [	DATE-STAMPED COP proof of claim	Y To receive an	acknowledgment of the	filing of yo	our claim, enclose a stamped	, self-addressed	l envelope and copy	of this
	ACCEPTED) so that it is for each person or entity	actually received	on or before 5:00 pm.	prevailing	r hand delivered (FAXES N g Pacific time, on Novembe s, joint ventures, trusts an	r 13 2006	THIS SPACE FO USE ON	
	governmental units) BY MAIL TO BMC Group			BY HAND O	R OVERNIGHT DELIVERY TO		UC 1 02 10	
ĺí	Attn USACM Claims Docl P O Box 911	•		1330 East	OM Claims Docketing Center Franklin Avenue		USA CMC 1072500419	
DA	El Segundo CA 90245-09				o CA 90245 other person authorized to file			_
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Pen	alty for presenting fraudulent	claım ıs a fine of up t	o \$500 000 or imprisonmer	t for up to 5	vears or both 18USC 661	52 AND 3571		

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United States Bankruptcy Court	Dis	TRICT C	)F_	Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case	Number	06-	-10725-LBR	FROOI C. C.
NOTI: This form should not be used to make a claim for an administrative expense ma	strative exp ay be filed	ense arisi pursuant	ng a to i	after the commencement 1 U.S.C. § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property). First Savings Bank Custodian for Jack D La Flesch IRA	else your givii	e has filed ir claim A ing particu	l a pro Attaci ulars	u are aware that anyone woof of claim relating to che copy of statement s	
Name and address where notices should be sent Jack La Flesch 8414 W Farm Rd #180-255 Las Vegas, NV 89131 Telephone number (702) 655-5549	notic case Chec addr	ices from i e. eck box if i	the t	bankruptcy court in this address differs from the nvelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Che	eck here his claim		replaces amends a previously file	ed claim, dated
1 Rasis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A		Ur	Vages Jast fo	ee benefits as defined in less salaries, and compensation for servand compensation for servand (date)	11 U S C § 1114(a) sation (fill out below)
2. Date debt was incurred	3.	if con	art jr	udgment, date obtained	
4. Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 50,282 02  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of we entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)  Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan - 11 U S C \$ 507(a)	which is  or  an 180  ator's *An  (a)(5)	Amour secure Up to \$2 or service \$ 507(a) Taxes or Other - \$ Imounts are with response.	Checker of a special control of the character of the char	Claim  eck this box if your claim is f setoff)  ef Description of Collaters  Real Estate Motor in the of Collaters  for arrearage and other chards are in the setoff arrearage are i	ral  Vehicle Other—  ARABEN W  arges at time case filed included in 2  urchase, lease, or rental of property louischold use - 11 U S C  ental units - 11 U S C § 507(a)(8)  th of 11 U S C § 507(a)()  V1/107 and every: 3 years thereafter or after the date of adjustment.
5. Total Amount of Claim at Time Case Filed.  Check this box if claim includes interest or other charges in additional charges.	•	(unaccum he principa	red)	(secured) (	\$50,282 02 (priority) (Total) ich itemized statement of all
6. Credits The amount of all payments on this claim has been making this proof of claim  7 Supporting Documents. Attach copies of supporting docume orders invoices itemized statements of running accounts control agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluing addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title, if any, of the file this claim (attach copy of power of attorning the claim (attach copy of power of attorning the claim).	nents, such a racts, court ND ORIGIN uminous, att filing of you the creditor orney, if any	as promise t judgment INAL DO ttach a sur our claim, o	issory nts, m OCUN imma enclo	mortgages, security JMENTS If the nary close a stamped, self-	THIS SENCE IS FOR COURT USE ONLY  N 1 6 2007  USA CMC

Case 06-10725-0WZ D0C 8613-3 E	ntered 07/13/11 13:53:04 Pade 7 01 11
	OOF OF CLAIM
Name of Debtor Case N	umber
	10725-LER
NOTE See Reverse for List of Debtors and Case Numbers  This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of
Name of Creditor and Address	statement giving particulars
JANILE JAMIS LIVING TRUST	Check box if you have
Dated 2/3/99	never received any notices
406 Pearl ST	from the bankruptcy court or BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
Boulder, Co 80302	Check box if this address differs from the address on the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (303 L143 - 7474	court. THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	
Acc = \$0;283	Check here or a previously filed claim dated amends
1 BASIS FOR CLAIM Retires	benefits as defined in 11 U S C § 1114(a) 📈 Unremitted principal
Goods sold Personal injury/wrongful death Wages	, salaries and compensation (fill out below)
Congoon performed     Tayon	ur digits of your SS# (not for loan balances)
Money loaned Other (describe briefly) Unpaid	compensation for services performed from to
2 DATE DEBT WAS INCURRED 10-24-05 3 IF	(date) (date)  COURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des	cribe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority	a right of setoff)
UNSECURED PRIORITY CLAIM	Bnef description of collateral
Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Other
entitled to priority  Amount entitled to priority \$	Value of Collateral \$ NoT KNOW N
Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim if any \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family or household use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)  Other - Specify applicable paragraph of 11 U S C § 507(a) ( )
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ 50.	with respect to cases commenced on or after the date of adjustment
AT TIME CASE FILED (unsecured)	(secured) (pnority) (Total)
	al amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and	deducted for the purpose of making this proof of claim
running accounts contracts court judgments mortgages, security agreeme	
DOCUMENTS If the documents are not available, explain If the document  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	is are voluminous, attach a summary  your claim, enclose a stamped self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by mar	or hand delivered (FAXES NOT THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporat	ing Pacific time, on November 13, 2006 USE ONLY
	D OR OVERNIGHT DELIVERY TO
BMC Group BMC G	oup
P O Box 911 1330 Ea	ast Franklin Avenue FILEU JAN 11 2007
	ndo, CA 90245
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if any	
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	Case	- 06-10725-awz Doc 8	613-	3 Ent	ered 07/13/11 13:5	3:04 Pan	e 8 of 11	
				PRO	OOF OF CLAIM			
Na	me of Debtor			Case Nu	ımber	†		
		Mortgage Company			725-LBR			
	OSA Commercial II	nortgage Company		00-10	23-LDR			
NO	TE See Reverse for List	t of Debtors and Case Numbers		<u> </u>		1		
The	s form should not be used	d to make a claim for an administrat			Check box if you are			
		ment of the case A "request" for pay be filed pursuant to 11 U S C § 503		of an	aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY	
	me of Creditor and			" :	to your claim Attach copy of statement giving particulars		S BEING SERVICED B' DO <i>NOT</i> HAVE TO FIL	
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		r other number by which creditor idea	ntıfies	debtor	Coeck berg			OL ONE!
					Cneck here	a previously	y filed claım dated _	
1 [	BASIS FOR CLAIM			Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted pri	incipal
╽╞	Goods sold	Personal injury/wrongful deatl	h Г	] Wages,	salaries and compensation (	fill out below)	Other claims a	,
L	Services performed	☐ Taxes	_	-	digits of your SS#		(not for loan ba	alances)
<b>)</b> P	Money loaned	Other (describe briefly)		Unpaid o	compensation for services pe	rformed from	to	
2 [	DATE DEBT WAS INCUR	ODEN .		12 IF C	OUDT HIDOMENT DATE		(date)	(date)
		LAIM Check the appropriate box or bo	xes tha		OURT JUDGMENT, DATE Of the vour claim and state the amo		the time case filed	
8	see reverse side for importan	nt explanations			SECURED CLAIM	asic of the ordinate	and and dase med	
UN	SECURED NONPRIORI	•	,			our claim is secu	red by collateral (incl	ludina
╟╜	exceeds the value of the p	is no collateral or lien securing your claim property securing it or if c) none or only p	n or b) artofy	your claim our claim is	a right of setoff)		Total Commence (Inter-	
LIN	entitled to priority SECURED PRIORITY CI	LAIM			Brief description of	collateral		
		an unsecured claim all or part of which	ıs		Real Estate	Motor Vehicle	e 🔲 Other	
	entitled to priority		-		Value of Collateral	\$		
	Amount entitled to priority	\$			Amount of arrearage a	nd other charges	at time case filed in	ncluded in
	Specify the priority of the c				secured claim if any	\$		
Ш		ons under 11 U S C § 507(a)(1)(A) or (a)			Up to \$2 225* of deposits toward services for personal family of	ard purchase lease	or rental of property o	or
	before filing of the bankrup	issions (up to \$10 000)* earned within 18 otcy petition or cessation of the debtor's	80 days	, L	Taxes or penalties owed to go			
		nlier 11 U S C § 507(a)(4)			Other - Specify applicable part			
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5 1	OTAL AMOUNT OF CLA	AIM \$	\$	50,00	with respect to cases commen		s date or adjustment	^
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	Check this box if claim incl	ludes interest or other charges in addition	on to th	ne principal	amount of the claim Attach ite	mized statement of		
6 (	CREDITS The amount of	of all payments on this claim has bee	en cre	dited and d	educted for the purpose of m	naking this proof	of claim	
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י ו	unining accounts contract	cts, court judgments mortgages secuments are not available explain	cunty a	agreement:	s, and evidence of perfection	often DONO	T SEND ORIGINAL	
8 [	DATE-STAMPED COP	To receive an acknowledgmen					d envelope and copy	of this
	proof of claim							
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1	for each person or entit	ty (including individuals, partners	hips, c	orporatio	ns, joint ventures, trusts ar	nd F	ILED OCT 1	0 2006
Ì	governmental units) BY MAIL TO BMC Group			BY HAND	OR OVERNIGHT DELIVERY TO	- 1		4 m 2 A A
,	Attn USACM Claims Doo	cketing Center		BMC Grou Attn USA	лр СМ Claims Docketing Cente	r	USA CMC	
1	P O Box 911 El Segundo, CA 90245-0!	911		1330 East	Franklin Avenue lo CA 90245		1072500501	
DA		SIGN and print the name and title if an	y of th	e creditor or			1072500521	1
/	0-5-06	this claim (attach copy of power	of attor	ney if any)		,		
<u> </u>	- 5 52	THOMAS J KARRE	911,	TIEL	Showing ta	man		

COSC OBJECTAS GWZ IDOC NOLLA I	PRO	OF OF CLAIM	3:04	) <del>9 of 11</del>	
Name of Debtor	Case Nu	mher	ļ		
USA Commercial Mortgage Company		'25-LBR			
USA Commercial Mortgage Company	00-107	20-LDR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ONLY	Y OWED MONEY BY A BORR	OWER
Name of Creditor and Address	25	to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	DEBTORS YOU DO OF CLAIM THIS I BORROWER HELL DO NOT FILE THIS SECURED INTERIONE OF THE DEB If you have alread Bankruptcy Court of the DEB I Bankruptcy Court	ady filed a proof of claim with the BMC you do not need to file	HAT OUNT IS NOT he again
Creditor Telephone Number (762) 2.57 - 643 9  Last four digits of account or other number by which creditor identifies	debtor			E IS FOR COURT USE ON	LY
FOX HillS 216 LLC		Check here replace or amen	a previously	filed claim dated	
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly)	Last four	digits of your SS#		Other claims against so (not for loan balances)	ervice
	Unpaid c	ompensation for services per	formed from	to	
2 DATE DEBT WAS INCURRED 1/4/66		OURT JUDGMENT, DATE O		(date) (date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes tha See reverse side for important explanations	it best descri		unt of the claim at the	e time case filed	
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority	your claim our claim is	a right of setoff)		ed by collateral (including	
UNSECURED PRIORITY CLAIM		Brief description of	_		
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral	_	☐ Other	
Amount entitled to priority \$			پ <u>۱۷۵ </u> and other charges :	at time case filed included i	ın
Specify the priority of the claim		secured claim, if any	B		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	, 0	Up to \$2 225* of deposits towa services for personal family of	r household use 11	USC § 507(a)(7)	
business whichever is earlier - 11 U S C § 507(a)(4)	片	Taxes or penalties owed to gov			
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	니	Other - Specify applicable para * Amounts are subject to adjus with respect to cases commend	tment on 4/1/07 and	every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \$	105	600 \$		\$	
(unsecured)	•	ecured)	( pnonty)	(Total)	
Check this box if claim includes interest or other charges in addition to the	ne principal a	mount of the claim Attach iten	mized statement of	all interest or additional charg	es
6 CREDITS The amount of all payments on this claim has been cred. 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , mortgages, security a DOCUMENTS If the documents are not available explain. If the documents are not available.	<u>uments,</u> suc	ch as promissory notes, purc	hase orders, invol	ices itemized statements o	ıf
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of yo	our claim enclose a stamped	l, self-addressed e	envelope and copy of this	
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	. prevailing	Pacific time, on Novembe	r 13, 2006	THIS SPACE FOR COU USE ONLY	RT
BY MAIL TO BMC Group	BMC Grou				
P O Box 911		CM Claims Docketing Center Franklin Avenue	r I	LED OCT 12 20	106
El Segundo CA 90245-0911  DATE    SIGN and print the name and title if any of the	El Segunde	o CA 90245			
this claim (attach copy of power of attorn	ney ifany)	Edward KLINE	· ·	USA CMC	
10/11/6 Edward Kline	- ,	RUSTEE			

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C 🦠 152 AND 3571

TO THE PERMITTED BY THE PARTY OF THE PARTY O	PRO	OOF OF CLAIM			
No. of Pobles	Case Nu	ımber	-		
Name of Debtor USA Commercial Mortgage Company	!	(-S-06-10725-LBR			
USA Commercial Molegage Company		-			
NOTE See Reverse for List of Debtors and Case Numbers	ł	<b>_</b>	1		
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of	ense of an	Check box if you are eware that anyone else has			
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of			
Name of Creditor and Address	4	slatement giving particulars			
L AND R SAENZ FAMILY TRUST		Check box if you have never received any notices			
C/O LIONEL SAENZ AND ROSARIO D SAENZ TRUS	TEES	from the bankruptcy court or		HIS PROOF OF	
281 ANDOVER RIDGE CT HENDERSON NV 89012-3128		BMC Group in this case	ONE OF THE DE		ROWER THAT IS NOT
TERDEROOFTY COOLE-0120		Check box if this address differs from the address on the			of of claim with the
702-561-8226		envelope sent to you by the court.			o not need to file again
Creditor Telephone Number ( ) See Attachment	dabtam	Wur.	THIS SPAC	CE IS FOR CO	OURT USE ONLY
Last four digits of account or other number by which creditor identifies of Foxh_11 216 LLC	geotor-	Check here repla	a previousi	y filed daım da	ited
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremit	ted principal
Goods sold Personal injury/wrongful death		salanes, and compensation (	,		aims against servicei
Services performed Taxes		digits of your SS #	• • • • • • • • • • • • • • • • •		loan balances)
Money loaned	Unpaid c	ompensation for services pe	rformed from		to
				(date)	(date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE C			
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations.	l best descri	be your claim and state the amo	unt of the claim at	the time case file	bd
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
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business, whichever is earlier 11 U S C § 507(a)(4)	H	Taxes or penalties owed to gov Cither Specify applicable para			
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(5)	لسب	Amounts are subject to adjus			
TOTAL AMOUNT OF CLAIM & 50 000 00	_	with respect to cases commend	ced on or after the	date of adjustme	ent.
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(unsecured)	•	cured)	(pnority)		(Total)
Check this box if claim includes interest or other charges in addition to the					idditional charges
CREDITS The amount of all payments on this claim has been credit	ted and de	ducted for the purpose of ma	aking this proof o	of claim	
SUPPORTING DOCUMENTS Attach copies of supporting documents	nenis, suc	has promissory notes purch	nase orders invo	ices, itemized	statements of
running accounts, contracts court judgments, mortgages, security ag DOCUMENTS If the documents are not available, explain. If the do	greements, cuments a	, and evidence of perfection ( ire voluminous, attach a sum	of lien DO NOT	SEND ORIGI	INAL
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FE SIGN and print the name and title if any of the of this claim lettach copy of power of attorney	creditor or o	ther person authorized to file	1		
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lity for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment			2.442.		USA CMC
inty for presenting transport courses arms of up ig country of imprisonant	нагир 10 5 у 	rears or bout 18 U.S.C. §§ 15	2 AND 3571	11 11 11	1072501196